


<b>SEND COMPLETED FORM TO:</b> The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		
<b>1. Reason for Submittal</b> (See instructions on page 9)  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report		
<b>2. Site EPA ID Number (page 10)</b>	<b>EPA ID Number</b> <div style="text-align: center;">M   O   D   9   8   5   8   0   5   0   9   2  </div>		
<b>3. Site Name (page 10)</b>	<b>Name:</b> <i>Reliable Biopharmaceutical Corporation</i> <div style="text-align: right;">By _____</div>		
<b>4. Site Location Information (page 10)</b>	<b>Street Address:</b> <i>1945 Walton Rd.</i>		
	<b>City, Town, or Village:</b> <i>St. Louis</i>	<b>State:</b> <i>MO</i>	
	<b>County Name:</b> <i>St. Louis</i>	<b>Zip Code:</b> <i>63114-0192</i>	
<b>5. Site Land Type (page 10)</b>	<b>Site Land Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)</b>	<b>A.</b> <i>325411</i> <b>B.</b> <i>442759</i>		
	<b>C.</b> _____		
	 RCRA RECORDS		
<b>7. Site Mailing Address (page 11)</b>	<b>Street or P. O. Box:</b> <i>P.O. Box 140192</i>		
	<b>City, Town, or Village:</b> <i>St. Louis</i>		
	<b>State:</b> <i>MO</i>		
	<b>Country:</b> <i>USA</i>	<b>Zip Code:</b> <i>63114-0192</i>	
<b>8. Site Contact Person (page 11)</b>	<b>First Name:</b> <i>James</i>	<b>MI:</b> <i>T.</i>	<b>Last Name:</b> <i>Smoot</i>
	<b>Phone Number:</b> <i>314-429-7700</i> <b>Extension:</b> _____		<b>Email address:</b> <i>jsmoot@reliablebiopharm.com</i>
<b>9. Operator and Legal Owner of the Site (pages 11 and 12)</b>	<b>A. Name of Site's Operator:</b> <i>Reliable Biopharmaceutical Corp.</i>		<b>Date Became Operator (mm/dd/yyyy):</b> <i>1968</i>
	<b>Operator Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	<b>B. Name of Site's Legal Owner:</b> <i>William Ash</i>		<b>Date Became Owner (mm/dd/yyyy):</b> <i>1968</i>
	<b>Owner Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

18 MAR 2004


*AS To Co  
QC/QA*

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D009	D022	D028	D038		
D098	F002	F003	F005	P030		


[illegible]

(See instructions on page 16.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Michael E. Zaleski, President	2/27/04

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Reliable BiopharmaceuticalCorporationEPA ID NO: M0D 985 805 092**FORM  
GM**

2003 Hazardous Waste Report

**WASTE GENERATION  
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form.

**Sec. 1** A. Waste description Ignitable spent solid used in purification of organic compounds; largely silica gel with absorbed solvents: Ethyl Acetate, HexaneB. EPA hazardous waste code D001 D038  
F003 F005

C. State hazardous waste code

D. Source code

G09

Management Method code for Source code G25

H   

E. Form code

w319

F. Quantity generated in 2003

      2218 0G. UOM 1

Density

      ☐ lbs/gal ☐ sg**Sec. 2** Was any of this waste managed on site? (pages☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)**ON-SITE PROCESS SYSTEM 1**On-site Management  
Method codeH   Quantity treated, disposed, or  
recycled on site in 2003                **ON-SITE PROCESS SYSTEM 2**On-site Management  
Method codeH   Quantity treated, disposed, or  
recycled on site in 2003                **Sec. 3** A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26)☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste  
was shippedOHD 980 613 541C. Off-site Management Method  
code Shipped toH 040

D. Total quantity shipped in 2003

      2218 0

Site 2

B. EPA ID No. of facility to which waste  
was shipped                C. Off-site Management Method  
code Shipped toH   

D. Total quantity shipped in 2003

Site 3

B. EPA ID No. of facility to which waste  
was shipped                C. Off-site Management Method  
code Shipped toH   

D. Total quantity shipped in 2003

                Comments: Sec. 1 E. Largely silica gel contaminated with Ethyl Acetate, Hexane along with some lab trash (i.e., gloves and paper towels)

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2003 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENTBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: Reliable BiopharmaceuticalCorporationEPA ID NO: M0D 985 805 092FORM  
GM

Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form.

Sec. 1 A. Waste description Aqueous laboratory waste containing cyanide, toxicB. EPA hazardous waste code D003 P030

C. State hazardous waste code

D. Source code

G09

Management Method code for Source code G25

E. Form code

W001

F. Quantity generated in 2003

40

G. UOM

5

Density

10☐ lbs/gal ☒ sg

Sec. 2 Was any of this waste managed on site? (pages

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)

## ON-SITE PROCESS SYSTEM 1

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2003H000000000000000000000000

## ON-SITE PROCESS SYSTEM 2

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2003H000000000000000000000000Sec. 3 A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26)  
☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (FORM IS COMPLETE)Site 1 B. EPA ID No. of facility to which waste  
was shipped000000000000000000000C. Off-site Management Method  
code Shipped toH000

D. Total quantity shipped in 2003

000000000000000000000Site 2 B. EPA ID No. of facility to which waste  
was shipped000000000000000000000C. Off-site Management Method  
code Shipped toH000

D. Total quantity shipped in 2003

000000000000000000000Site 3 B. EPA ID No. of facility to which waste  
was shipped000000000000000000000C. Off-site Management Method  
code Shipped toH000

D. Total quantity shipped in 2003

000000000000000000000

Comments:

